CITY OF TILLAMOOK



Open Space Temporary Unit Site Application

APPLICANT INFORMATION									
Last Nam	ne				First	M.I.	Date		
Mailing Address							Apartment/Unit #		
			State	State			ZIP		
Phone C			Cell Number	Cell Number					
Email Address				Proposed Start [Date				
Preferred Location Applied for:									
Is your business non-profit? YES NO		Len	Length of Rental Request : Daily			Weekly	Monthly		
Will food be sold? YES NO		☐ If no	If not, what will be sold?						
Do you have liability insurance?			If NO, explain						
BUSIN	ESS INFORMATIO	N							
Name of Business				Dwner's Name					
Names of Persons Involved In Your Business					Address				
	Name				Relationship of Person				
1.									
2.									
3.									
DESCRIPTION OF BUSINESS									

DIAGRAM OF MOBILE UNIT SETUP								
EMERGENCY CONTACT INFORMATION								
Name	Phone Numb	per						
Address								
Any Other Information:								
DISCLAIMER AND SIGNATURE								
BY SIGNING THIS APPLICATION, THE APPLICANT IS ACKNOWLEDGING AND AC	GREEING TO T	HE FOLLOWING:						
I certify that my answers are true and complete to the best of my knowledge.								
My business does not present a danger to the public health, safety, morals or general welfare of the citizens of Tillamook.								
My business is in compliance with all local, county, state and federal laws.								
My business is in compliance with all relevant federal, state, county and city bonding and licensing requirements								
My signage and display of merchandise will meet the City's requirements.								
All outdoor storage, display and equipment will not interfere with property ingress and egress.								
No part of my business, signage or equipment will be located on public property or in the public right-of-way.								
My business operations shall conform to statements made in this application and with any special conditions of operation imposed.								
I understand the permit and/or agreement is not transferable or assignable.								
I understand that false or misleading information in my application may result in denial of this application.								
I understand City shall have no liability for any injury, loss, or damage caused by tenant, third parties, or by any condition arising from flooding, earthquake, etc.								
Signature: Date								
FOR CITY HALL USE:								
Location Assigned :		Routed to Police :						
City Business License Number :								
Date :								
Authorized By :								